

Appendix 11a – Request for Deinstitutional Services

MSSP Site			
Applicant's Name			
Medi-Cal #		Phone	
Street Address			
City/State/Zip			

I am requesting assistance in transitioning from living in a facility to living in the community. Specifically, I am requesting services from the Multipurpose Senior Services Program (MSSP). I understand that:

- I may change my mind at any time, withdraw from the program, and decide to continue living where I am. I will not be forced to make a change in my living arrangements.
- Discharge or voluntary withdrawal from these transition services will not affect other medical or social benefits that I am eligible to receive.
- I will participate in the process of determining the transition services that I need. I will be notified of the services I am to receive and any subsequent changes made to these arrangements.
- I do not have to answer any questions that are not relevant to the determination of services I am to receive.
- All information in my MSSP case record is confidential. It will be seen only by staff and consultants of MSSP, those providing services to me, and as otherwise provided by law.
- My health information that I authorize to be provided to MSSP shall be maintained as confidential as required by the Health Insurance Portability and Accountability Act (HIPAA). I acknowledge that the MSSP site has provided me with a notice of HIPAA privacy practices.
- I will only receive transition services as long as federal and state funds are available.
- At the time of my death, the state is required to recover the costs of certain Medi-Cal services I have received. Medi-Cal services that are subject to recovery include costs of a nursing facility and other long-term care services such as MSSP.

- California Department of
Social Services
State Hearings Division
P.O. Box 944243, Mail Station
19-37
Sacramento, California 94244-
2430**

Toll-Free Number:	1.800.952.5253	TDD for the Deaf:	1.800.952.8349
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